

Declaration, Power Of Attorney and Petition

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WE (I) the undersigned inventor(s), hereby declare(s) that :

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled
"TACTILE INTERFACE"

the specification of which

- is attached hereto.
- was filed on _____
as Application Serial No. _____
and amended on _____
- was filed as PCT international application
Number PCT/FR2005/050182
on March 22, 2005
and was amended under PCT Article 19
on _____

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application (s)

Application No.	Country	Day/month/Year	Priority Claimed
04 50581	FR	24 March .2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

We (I) hereby claim the benefit under Title 35, United States Code, § 119 (e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

We (I) hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in these prior United States application(s) in the manner provided by 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

Application Serial No.

Filing Date

Status (pending, patented,
abandoned)

And we (I) hereby appoint : Michael N. MELLER, Registration Number 20,779; Eugene LIEBERSTEIN, Registration Number 24645, our (my) attorneys, with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith; and we (I) hereby request that all correspondence regarding this application be sent to the firm of ANDERSON KILL & OLICK, P.C. whose Address is . 1251 Avenue of the Americas, New York NY 10020-1182

We (I) declare that all statements made herein of our (my) own knowledge are true and that all statements made on information and belief are believed to be true ; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardise the validity of the application or any patent issuing thereon.

BENALI KHOUDJA Mohamed

NAME OF FIRST SOLE INVENTOR

Signature of Inventor

August 11, 2006
Date

Residence : 10 Allee des Platanes
Antony 92160 France

Citizen of : Algérien

Post Office Address : The same as residence

HAFEZ Moustapha

NAME OF SECOND INVENTOR

Hafez

Signature of Inventor

August 11, 2006

Date

NAME OF THIRD INVENTOR

Signature of Inventor

Date

NAME OF FOURTH INVENTOR

Signature of Inventor

Date

NAME OF FIFTH INVENTOR

Signature of Inventor

Date

Residence : 19 avenue des

Ternes, 75017 Paris
France

Citizen of : France

Post Office Address : The same as residence

Residence :

Citizen of :

Post Office Address : The same as residence

Residence :

Citizen of :

Post Office Address : The same as residence

Residence :

Citizen of :

Post Office Address : The same as residence